

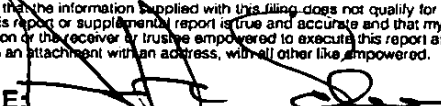


FILED
Feb 06, 2006 8:00 am
Secretary of State

01-13-2006 90045 030 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N42134 1. Entity Name VIDEO ARCHIVES, INC.			
Principal Place of Business 1235 S TAMiami TRAIL SARASOTA, FL 34239		Mailing Address 1235 S TAMiami TRAIL SARASOTA, FL 34239	
DO NOT WRITE IN THIS SPACE			
		66000684 	
		01042006 No Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0249135		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHERMAN, ANNETTE 340 S PALM AVE APT 120 SARASOTA, FL 34236		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHERMAN, ANNETTE 340 S PALM AVE APT 120 SARASOTA, FL 34236		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WILHELM, JAN 340 S PALM AVE APT 120 SARASOTA, FL 34236		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, ROBERT M. 27 SOUTH ORANGE AVE. SARASOTA, FL 34236		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORAN, SUZANN 403 MEADOWLARK DRIVE SARASOTA, FL 34236		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		2-3-06 941-365-7052 Date Daytime Phone #	



ATTACHMENT

66 000 684

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2006

VIDEO ARCHIVES, INC.
1235 S TAMiami TRAIL
SARASOTA, FL 34239

Subject: VIDEO ARCHIVES, INC.

Reference Number: N42134

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/je

ANNUAL REPORTS SECTION